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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Desertment

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

10

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Drawer DD, Artesia, NM 88210 P.O. Box 20

P.O. Box 2088 Santa Fe, New Mexico 87504-2038

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	ר	OTRA	ANSP	ORT O	L AND NA	TURAL G	AS				
Operator			Well	APINO. 30 - 025-25416							
Kice Engineering					· · · · · · · · · · · · · · · · · · ·			<u> 30 - 0</u>	25-6	5410	
122 W , TAylor Reason(s) for Filing (Check proper box)	<u> </u>	255,	n-n	7 8	78240						
New Well		Channa in	T			ner (Please expl	ain)	ON RR/s	ME		
Recompletion	Oil	Change in	Dry Ga		Transf	ondAtion	ich !	&C DE 3	77113	•	
Change in Operator	Casinghead	Gas 🗌	Conden		Hydro	cantors	5 60	JAdo		4-7-92	
If change of operator give name and address of previous operator								- 1 10 (0			
II. DESCRIPTION OF WELL	AND LEA	SE								•	
Lease Name			Pool Na		ing Formation		Kind	of Lease	L	ease No.	
Dirnbry-Drinkard Su Location	5	ndres State			Federal or Fe	×e					
Unit Letter	:_115	0	Feet Fro	om The	S_Lin	e and	<u>'50</u> p	eet From The	_ W_	Line	
Section 18 Townsh	ip 2.	2	Range	3	7 <u>,</u> , N	МРМ,				County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS						
Name of Authorized Transporter of Oil Andress (Give address to which approved copy of this form is to be sent)										int)	
Name of Authorized Transporter of Casin	Gas		e address to wh			240 'orm is to be se	int)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.			Rge.	Is gas actuall	y connected?	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or p	ool, give	comming	ing order numl	ber:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas ?	Pay .	· <u> </u>	Tubing Depth			
Perforations	erforations							Depth Casing Shoe			
	TU	BING. O	CASIN	GAND	CEMENTIN	NG RECORI		<u> </u>	<u></u>	·	
HOLE SIZE		NG & TUE				DEPTH SET		8	ACKS CEME	ENT	
		······									
						······································		 			
V. TEST DATA AND REQUES OIL WELL (Test must be after r.						1. "				•	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	volume of	ј года оц	ana musi		exceed top allow thod (Flow, pur			or full 24 hour	<i>s.)</i>	
Land of Tax	<u> </u>							Choke Size			
Length of Test	Tubing Pressu	ire			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>							<u> </u>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shul-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION APR 0 8 92 Date Approved						
Belly Walker	••				By_ORIGINAL SIGNED BY HETRY SEXTON						
Billy Walker	Foreman DISTRUCT I 3.5 F. D. D. S. F. D										
4-7-42	·	393 ^T			Title_						
Date		Teleph	one No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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State of New Mexico Energy, Minerals and Natural Resources Department

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D'STRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.	REQ	UEST FO	OR AL	LOWA DRT O	ABLE AND	AUTHOR	RIZATION SAS	N				
Operator Rice Engineering C		Well API No. 30-025-25616										
Address 122 W Taylor, Hobb			<u> </u>					<i>3</i> U-U25-	-25616			
Reason(s) for Filing (Check proper box)					X O	ther (Please exp	olain)					
New Well		Change in						bbls of M	siscell.	aneous		
Recompletion Change in Operator	Oil Casinghe		Dry Gas		Hydroc	arbons t	o Jadeo	on 3/20/	92.	ai leuus		
If change of operator give name and address of previous operator	Canngne	id Gas	Condens	ale []								
II. DESCRIPTION OF WELL	AND LE	ASE			·	-						
Lease Name		ding Formation	, ,		1 of Lease	T	ease No.					
Elinebry-Drinkard SWE			san	Andr	es		State	Federal or Fee				
Unit LetterN	:1	150	Feet Fron	n The _	SLit	ne and2	2501	Feet From The	W	Lir		
Section 18 Towns	nip 22		Range 3	37	, N	МРМ,	· •			County		
III. DESIGNATION OF TRAI	SPORTE	R OF OIL	AND	NATU								
Name of Authorized Transporter of Oil Bandera Petroleum,	$\lambda\lambda$	or Condensa	ile _		Address (Give address to which approved copy of this form is to be sent) P.O. Box 430, Hobbs NM 88240							
Name of Authorized Transporter of Casin			or Dry Ga	ıs 🗀	Address (Gir	Box 430,	Hobbs	NM 88240 d copy of this form	<u> </u>			
					i Address (ON	ve daaress 10 w	uch approve	d copy of this form	n is to be se	น)		
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	wp.	Rge.	Is gas actuall	y connected?	When	1 ?				
If this production is commingled with that	from any other	r lease or po	ol, give c	ommingl	ing order numb	ber:		·				
IV. COMPLETION DATA		Oil Well		11/.11	1	1						
Designate Type of Completion	- (X)		Cas	Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v		
Date Spudded	Date Compl	. Ready to Pr	rod.		Total Depth			P.B.T.D.		<u></u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation		Top Oil/Gas F	ay		Tubing Depth				
Perforations								,				
								Depth Casing S	hoe			
TUBING, CASING AN					CEMENTIN	NG RECORE)					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
. TEST DATA AND REQUES	T FOR AL	LOWAB	LE									
OIL WELL (Test must be after relate First New Oil Run To Tank	covery of Iola	volume of ic	oad oil a	nd musi t	xe equal 10 or e	exceed top allow	able for this	depih or be for fi	ull 24 hours.	j		
ALC , HA FICH OII RUIL TO TAIK	Date of Test			į	Producing Met	h∞d (Flow, pun	φ, gas lift, et	c.)				
ength of Test	Tubing Press	ıre			Casing Pressure	<u> </u>		Choke Size	— 			
ctua, Prod. During Test	Oil - Bbls.		·		Water - Bbls.			Gas- MCF				
GAS WELL										*		
ctual Prod. Test - MCF/D	Length of Tes	t		1	Bbls. Condensa	te/MMCF		Gravity of Conde	nsate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)				: - 	Casing Pressure (Shut-in)			•				
					asing Pressure	: (Shut-in)		Choke Size				
I. OPERATOR CERTIFICA	TE OF C	OMPLIA	ANCE				لــــــــــــــــــــــــــــــــــــ					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					1		
is true and complete to the best of my knowledge and belief.					Date Approved MAR 20'9							
Billy Wals	b,				Date	hhioved		#11. 22. july 1				
Signature Billy Walker				-	Ву	ORIGINAL S	GNED BY	JERRY SEXT	ON			
Printed Name 2-17-92		eman 93 9174	· 	-	DISTRICT I SUPERVISOR							
Date					Title.					·		
·		Telephone	140.									

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Santa Fe, New Mexico 87504-2088

D'STRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	1	OTRA	NSPC	ORT OIL	AND NA	TURAL GA						
Operator Rice Engineering Cor	Well API No.				-025-25616							
Address 122 W. Taylor, Hobbs	5, NM 8	88240										
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	· · · · · · · · · · · · · · · · · · ·	Change in	Transpor	, 🗆	Transpo	er (Please expla ortation arbons to	of 160			laneous		
If change of operator give name												
and address of previous operator	AND 1 DA	or.										
II. DESCRIPTION OF WELL A Lease Name Blinebry-Drinkard SWD		Pool Na	ing Formation			Kind of Lease Lease State Federal or Fee						
Location Unit LetterN	:	150	Feet Fro	om The	& Lin	e and 22	50 Fe	et From The	W	Line		
Section 18 Township 22 Range 37 , NMPM, County												
III. DESIGNATION OF TRANS				NATU								
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent) Bandera Petroleum, Inc. P.O. BOX 430, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)												
If well produces oil or liquids, give location of tanks.			Rge.	Is gas actually connected?		When	When?					
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or p	oool, give	commingl	ing order numb	per:						
Designate Type of Completion -			as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded		mpl. Ready to Prod.		Total Depth	L	l	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Tubing Depth				
Perforations	Depth Casing Shoe											
	Τī	UBING,	CASIN	G AND	CEMENTI	NG RECOR	D					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of low Date of Test		of load oi	l and must		exceed top allo thod (Flow, pu			for full 24 hou	rs.)		
Length of Test	Tubing Pres	sure			Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
GAS WELL												
	Length of To	est			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	in)		Casing Pressu	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA				CE		OIL CON	ISFRV	ATION I	DIVISIO	 N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						MAR 0.4'92						
Billy walker						Date Approved						
Signature Billy Walker Foreman						Dy <u>section avisor</u>						
Printed Name												

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